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** CONTINUING DATA *****

N/A KN

** FOREIGN APPLICATIONS *****

N/A KN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	NY	12	32	10
Verified and Acknowledged Examiner's Signature	KN	Initials			

ADDRESS

23623
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TITLE

Mobile terminal with ergonomic housing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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